The future of the Partnership Model of General Practice

Building Integrated Care

Dr Nigel Watson – Independent Chair

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- Independent Chair Partnership Review
- GP Partner in New Forest for over 30 years
- Chief Executive Wessex Local Medical Committee
- GPC – Hants Representative for 20 years
- Board Member Hampshire and IoW STP/ICS
- Member of Dorset's Senior Leaders Team
- Vanguard MCP Lead in Hampshire
- Primary Care Representative South England, LETB Health Education England

What were we asked to do?

The review will consider, and, where appropriate, make recommendations, in the following areas:

- The challenges currently facing partnerships within the context of general practice and the wider NHS, and how the current model of service delivery meets or exacerbates these.
- The benefits and shortcomings of the partnership model for patients, partners, salaried GPs, locum GPs, broader practice staff (practice nurses etc) and the wider NHS.
- Consider how best to reinvigorate the partnership model to equip it to help the transformation of general practice, benefiting patients and staff including GPs.
- Recommendations should be focused, affordable and practical

Governance for the review

Dr Nigel Watson,
Chair of the GP Partnership Review

Review worked in partnership with:

Department of Health & Social Care

NHS England

RCGP Royal College of General Practitioners

BMA

General practice is "*the jewel in the crown of the NHS*"

Strengths of general practice

- Registered list
- Care from cradle to grave
- Holistic approach – specialist generalist
- Family doctor
- Life long medical record
- Continuity
- Gatekeeper role
- High quality but low cost
- Chaos of first consultation
- Manage risk

Strengths of partnership model

Key issues for general practice?

Challenges

- Ageing population
- Population growth
- More people with long term conditions
- Over dependency on hospital based care
- Lack of investment in general practice and community services

Impact on general practice

- Workload becoming unmanageable
- Workforce struggles to meet demand
- Working day becoming unmanageable
- Recruitment of younger GPs
- Retention of older GPs
- Stress, burnout, mental health
- Organisational barriers

Challenges facing the profession and the NHS

- ***Growing population*** – patients registered with a GP rose by 1.4 million between 2016 – 2018

- ***Ageing population*** – 20% increase in people over 65 between 2005 and 2016

  By 2025 more people aged over 65 than aged 16 and younger

  People live longer by present with their LTC at same age – longer in ill health

- ***Long term conditions –*** One in three patients have 5 or more long term conditions

  20% of years lived are in ill health

- ***Workforce –*** falling number of GPs esp. partners – some areas now increasing (Wessex)

  Practice Nurses – 30% plan to retire in next 5 years

- ***Pensions –*** now a reason to reduce sessions worked or retire prematurely

- ***Stress and burnout –*** significant increase especially in younger GPs.

Key issues identified

- **Workload** too great
- Working day has become longer more **complex** and work more **intense**
- **Workforce** - demand exceeds capacity
- **Risk** of being a partner perceive as being too great
- General Practice given a lower **status** to hospitals – funding, status and influence in the system

Sources: Wessex LMCs

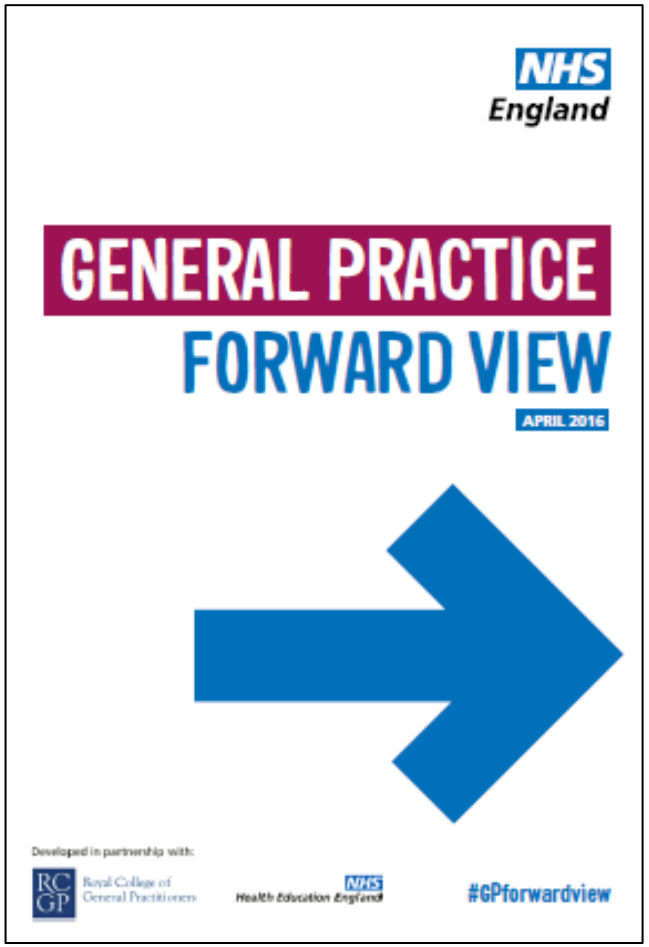
Five Year Forward View setting direction – October 2014

- Reaffirms that the foundation of the NHS is **list based primary care**
- Commitment to **increase funding** for primary care and stabilise core funding for general practice
- Aim to **shift investment** to primary and community care from hospitals
- Commitment to **increase the number of GPs** in training
- Developing **New Models of Care** – MCPs and PACSs
- New funds to **improve access** (PM Challenge Fund)

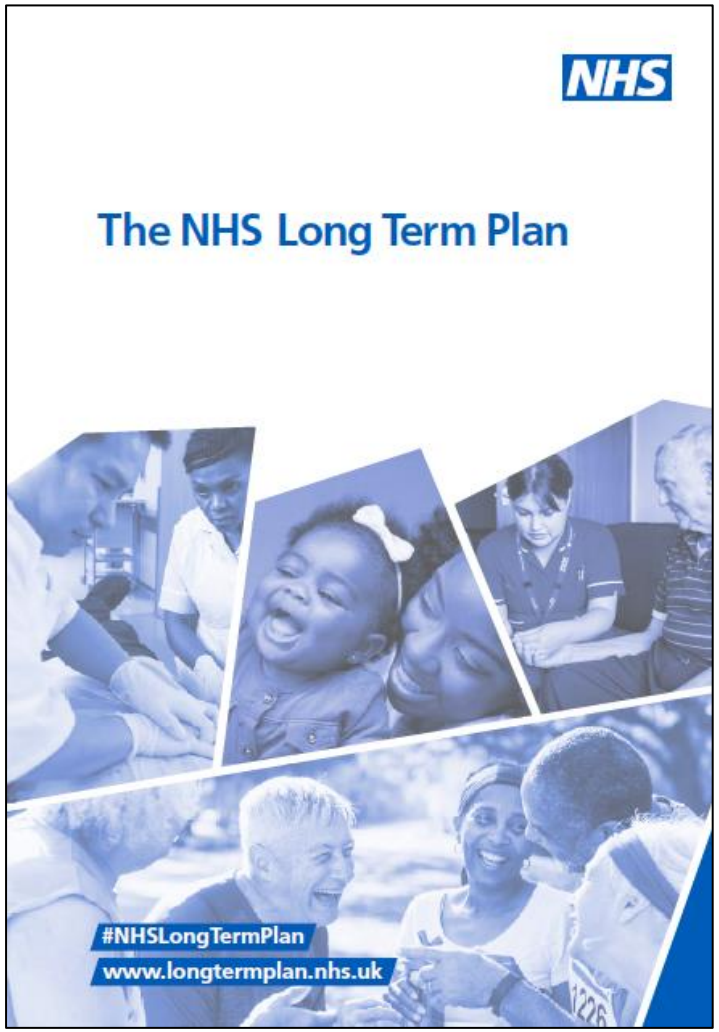
GP Forward View – April 2016

- Recognised the **cut in relative funding** for general practice
- Commitment to increase annual **investment** by £2.4bn per year by 2021
- **Workforce** – commitment to increase numbers of GPs, Nurses and other Practice Staff
- **Workload** – CQC visits reduced, new service for stressed and burnt out GPs, action to reduce demand at primary secondary care interface
- **Infrastructure** – Estates and Technology

Challenge: Benefit not felt at practice level, too much funding no recurrent, did not address financial deficit in general practice



NHS Long Term Plan boosts out of hospital care – January 2019

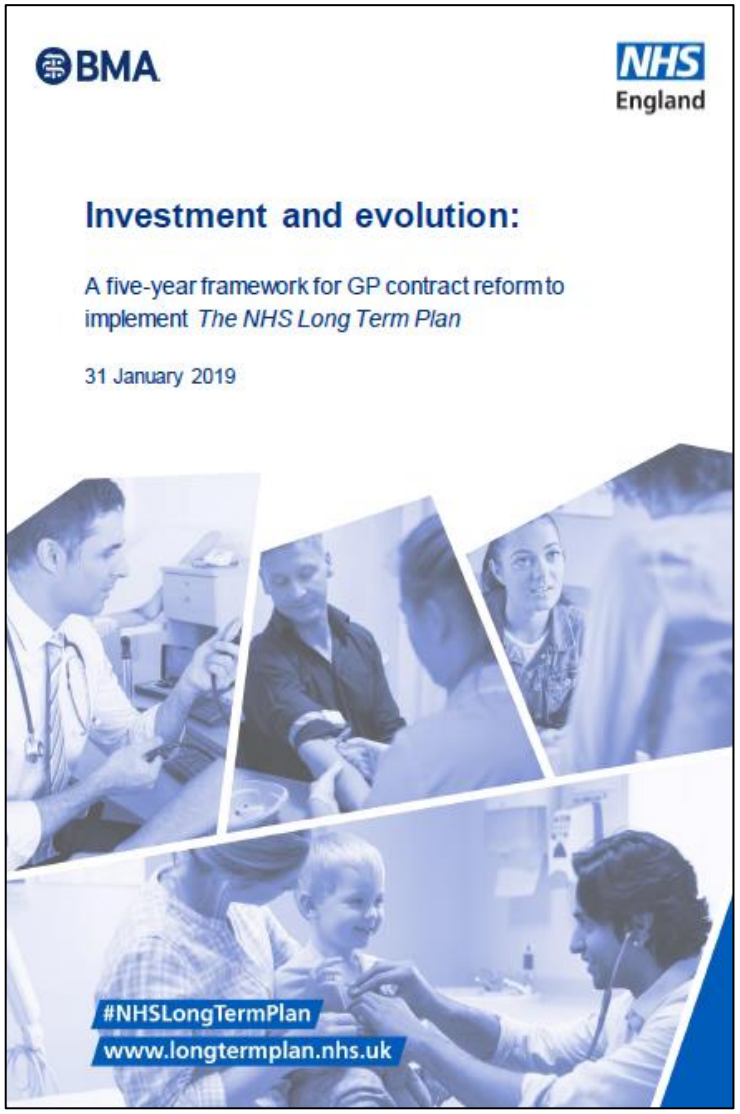


Focus on Primary Care

- Boost out of hospital care and dissolve the historic divide between **primary and community care**
- An **additional £4.5bn per year** (increased from the original £3.5bn) by 2024
- This **investment guarantee** will fund:
  - Expanded workforce
  - Demand pressures
  - New services to meet relevant goals set out in the long term plan
- Establish **Primary Care Networks** – scale 30-50,000 – extension of general practice
- **Community nursing and mental health teams** configured on PCN footprints

GP Contract 19/20 starts to operationalise LTP

- **Expansion of workforce**
  - GP
  - Practice staff
  - Network workforce
- **State Backed Indemnity**
  - All GPs and those working in general practice and PCNs
- **Quality and Outcome Framework**
  - Focus on health outcomes
- **Key Delivery Unit PCNs**

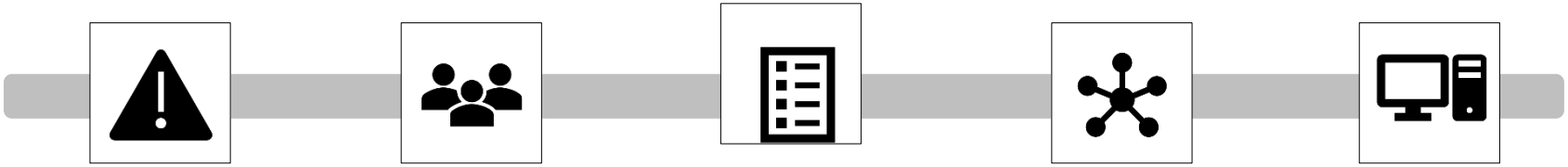


The GP Partnership Review recommendations

Risk and flexibility in the partnership model

Workload

Digital and technology



Workforce

The status and role of partnerships and primary care networks and their local health systems

Recommendation 1: Risk and flexibility in the partnership model

Risk and flexibility in the partnership model

Premises

- Need to reduce risk for practices of being a lease holder or property holder

Premises review – NHS England

Financial Liability

- Reduce the unlimited financial liability of partnerships

Work underway to consider mutual in general practice

Indemnity

- Introduce a State Backed Indemnity Scheme to cover all those working in general practice

1st April 2019

Recommendation 3: Non-GP workforce in general practice

Workforce

To expand and fund the healthcare professionals available to support patients in the community through services embedded in partnership with general practice.

Primary Care Networks a vehicle to do this and encourage a focus on population health

- Workforce to be considered, Advanced Nurse Practitioners, Pharmacists, Paramedics, Mental Health workers, MSK specialists
- HEE should further develop the role of Practice Nurses.
- Community Teams should be configured to match the PCN boundaries and integrating with general practice to create a population-based multi-professional teams across primary and community care. Local autonomy and accountability – **CO-LOCATION**

Delivered through GP contract primary care networks DES

LTP and GP contract to deliver this

Recommendation 4: Education and training

Workforce

Medical training should be refocused to increase the time spent in general practice, to develop a better understanding of the strengths and opportunities of primary care partnerships and how they fit into the wider health system.

- Medical students, Foundation year doctors, GPs in Specialty Training and other clinical professions with a clear opportunity to support primary care should spend more time in general practice and in community-based roles.

Recommendation 5: Workload

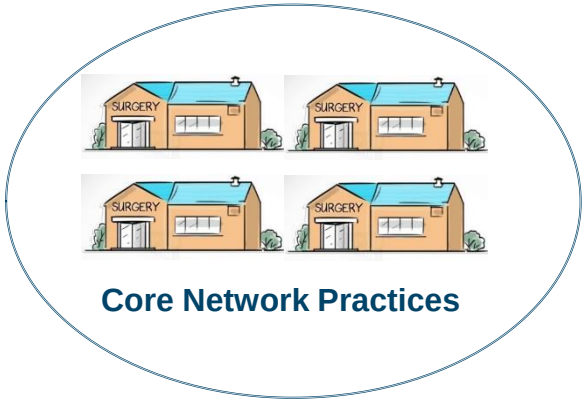
Workload

Primary Care Networks should be established and operate in a way that makes constituent practices more sustainable and enables partners to address workload and safe working capacity, while continuing to support continuity of high quality, personalised, holistic care.

- PCNs to be funded to improve access, support safe working limits and address urgent care presentations last pm and weekend days

Extended hours funding to PCNs July 2019, Improved Access Funding will go to PCNS by 2021

Primary Care Networks



Core Network Practices

Providers of care services in the PCN:

- **Community teams**
- **Mental health teams**
- **Local authority**
- **Hospitals**
- **Voluntary sector**

Services that could be provided at PCN level:

Leg ulcer care
Dermatology
Diabetes
Respiratory care
Frailty
Low risk skin cancer care
Cardiovascular care, MSK
Dementia care

Subcontracting

Local Relationships

GP Federation
(e.g. providing extended access)

Other Organisations

- Patient groups
- Schools
- Council

The PCN is based in a community and should be considered as a **delivery unit of care**, that will become the investment vehicle of choice in the future.

To achieve this structures will need to mature and evolve.

Premises Review

- Assignment of leases – subject to spending review
- Separate the ownership model from the delivery of primary medical services
- Provide clearer guidance on the expectations of owners and occupiers around maintenance and standards, as part of professionalising property ownership and management
- Pilot alternative premises reimbursement arrangements at a network level, to give networks greater autonomy to manage and minimise their costs relating to estates across their premises;
- Pilot a simpler model of premises provision in which the NHS directly bears the cost of premises in multi-use new build premises, removing the need for bureaucratic premises reimbursement systems, promoting integration of service delivery and optimal use of space

De-risking leases in strategically important estate

- Long leases preventing younger from joining partnerships
- Last resort to allocate – to another body
- Dependent on the outcome of the spending review – determine capital investment in primary care
- Could be Foundation Trusts, Local Authority or NHSPS
- Co-location of other services

Premises Review

Central estate ownership and state backed loans

- Discussion about the Scottish model
- Rejected – as this would increase the Government debt by £5 billion

Property ownership as part of the partnership model

- Increasing separation of GP Partnership and property ownership
- Develop best practice guidance for all property-owning GPs.
- NHS capital investment requirement to demonstrate robust governance around property ownership.

Premises Review

Professionalisation of property ownership and management

- Customer Charter set out core principles relating to how each practice premises will be managed

New models and the Premises Costs Directions

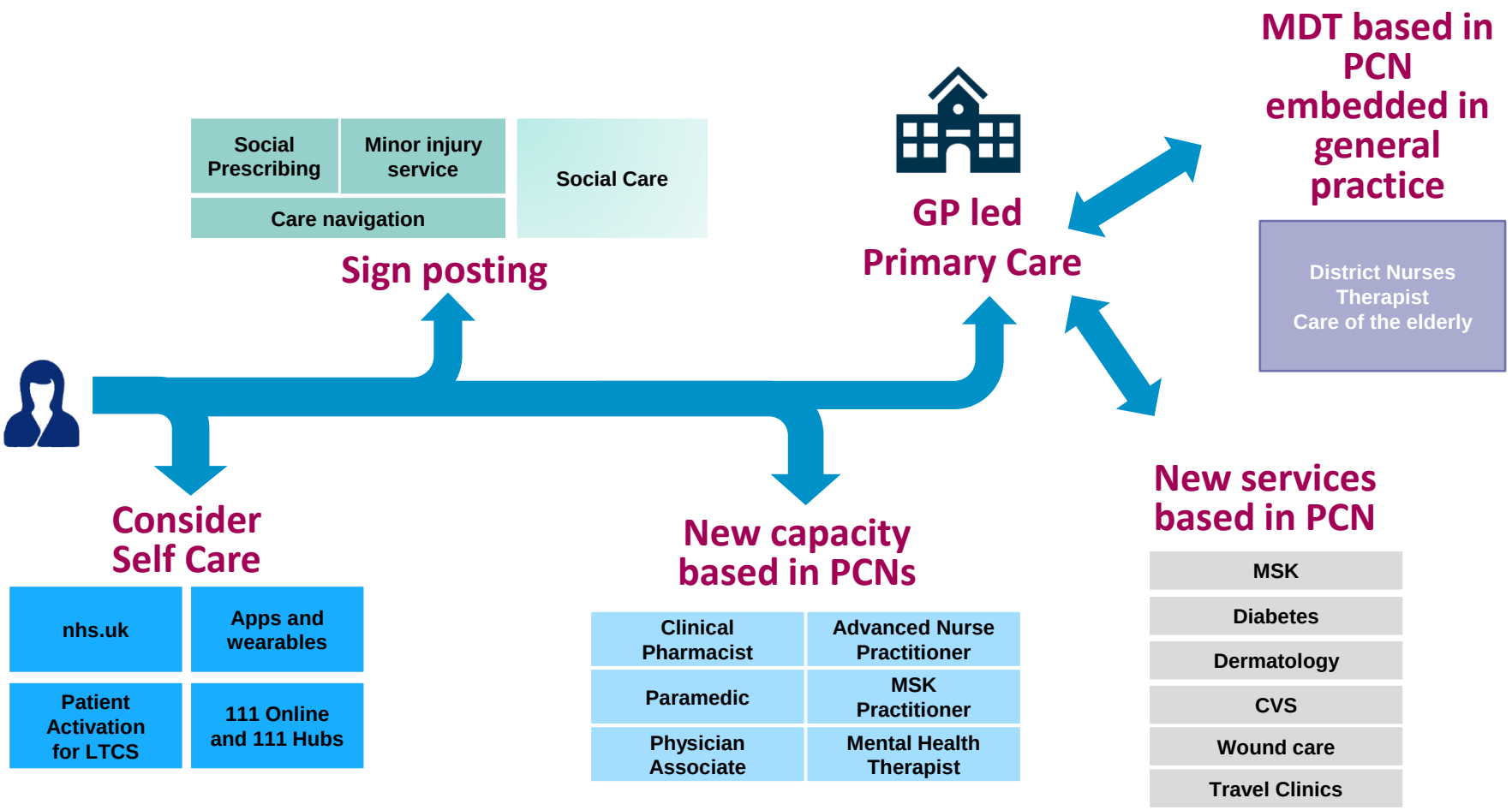
- NHS directly bears the cost of premises in multi-use new build premises
    - *Incentive to manage costs*
    - *Flexibility of use by other services*
    - *Complicated reimbursement process*

Premises Review

Developing greater support for community and primary medical care in local estates planning and in developing strong and future-facing ICS capital funding bids

- 42% GP premises > 35 years old
- 62% GP premises > 25 years old
- ICS Strategic Estates Plan to include primary care
- GPC premises survey – 50% practice premises not fit for purpose

Where are we going – Primary Care Services?



#GPforwardview

How can we revitalise general practice - conclusion?

We cannot make the partnership model more attractive unless we make general practice a better place to work

- Without general practice the cost of healthcare will increase significantly
- With an ageing population and more people with long term conditions, the challenges will increase significantly in the future – failing to act now will lead to a major crisis in the future
- General practice needs significantly more resources to help manage patients in the community
- There needs to be a clear vision for general practice and its role in a new and evolving NHS